

SYSTEM SLIP STAPLE AREA (for additional case references)

09/974320

POSITION	INITIALS	ID NO.	DATE
INFORMATION			
CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

.....	Accepted	N	Non-accepted
.....	Added	I	Interference
.....	Cancelled	A	Appeared
.....	Revised	D	Objected

Claim	Date	Claim	Date
1		101	
2		102	
3		103	
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49		149	
50		150	

If more than 150 claims or 10 actions
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